

A.P.N.: 1320-29-212-052  
File No: 143-2522130 (mk)

When Recorded return to, and mail Tax Statements to:

Edward Greer  
17750 Ginko Court  
Reno, NV 89508

## AFFIDAVIT - TERMINATING JOINT TENANCY

**Edward J. Greer**, of legal age, being first duly sworn, deposes and says:

Helen

That **Corinne H. Greer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Corinne H. Greer** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **May 22, 2002** executed by **Russell R. Gadsby and Dorothy J. Gadsby** to **Edward J. greer** as joint tenants, recorded as Document No. **0543989** on **June 6, 2002** in Book **0602** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**LOT 93, IN BLOCK A, AS SET FORTH ON THE MAP OF WINHAVEN UNIT NO. 1, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 13, 1989, IN BOOK 189, PAGE 1590, AS DOCUMENT NO. 194373.**

Edward J. Greer 7/25/17

Edward J. Greer

Date

STATE OF **NEVADA** )  
 )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on this:  
25th day of July 2017

By: **Edward J. Greer**

By: Edward J. Greer Its: \_\_\_\_\_  
Mary Bush

Notary Public  
(My commission expires: 11-6-18)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2015008363  
STATE FILE NUMBER

|  |  |  |   |  |   |                                  |
|--|--|--|---|--|---|----------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Corinne Helen GREER</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>May 16, 2015</b>   |  | 3a. COUNTY OF DEATH<br><b>Carson City</b>   |                                  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and apt. No. if Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify)<br><b>Evergreen at CC Health and Rehab Ctr Nursing Home</b> |  | 4. SEX<br><b>Female</b>   |                                  |
| DECEDENT   | 5 RACE <b>White</b><br>(Specify)   |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |  | 7a. AGE-Last birthday (Years)<br><b>81</b>  |                                  |
|  | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS  |  | 7c. UNDER 1 DAY<br>HOURS   MINS   |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>July 10, 1933</b>  |                                  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 9a. STATE OF BIRTH (If not U.S.A.)<br><b>Iowa</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  | 10. EDUCATION<br><b>14</b>  |                                  |
|  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 12. SURVIVING SPOUSE (Maiden name)<br><b>Edward Jones GREER</b>   |  |   |                                  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER<br><b>1460</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |  | 14b. KIND OF BUSINESS OR INDUSTRY   |                                  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |                                  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>1708 Lantana Drive</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  |   |                                  |
|  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Withrow T CLORE</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Julia Helen FORMANEK</b> |   |                                  |
| TRADE CALL   | 18a. INFORMANT - NAME (Type or Print)<br><b>Edward Jones GREER</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1708 Lantana Drive Minden, Nevada 89423</b>  |  |   |                                  |
|  | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>   |  | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>  |                                  |
| CERTIFIER  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JOHN LAWRENCE</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>304R</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Autumn Funerals &amp; Cremations</b><br><b>1575 N Lompa Ln Carson City NV 89701</b> |                                  |
|  | TRADE CALL - NAME AND ADDRESS  |  |   |  |   |                                  |
| REGISTRAR  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>VIJAY MAIYA MD</b><br>SIGNATURE AUTHENTICATED |  | 22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)  |  |   |                                  |
|  | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>May 19, 2015</b>  |  | 21c. HOUR OF DEATH<br><b>04:50</b>  |  | 22b. DATE SIGNED (Mo/Day/Yr)  |                                  |
| CAUSE OF DEATH   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Kasey Lazjr Abanonu M.D.</b>  |  | 22c. HOUR OF DEATH  |  | 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |                                  |
|  | 22e. PRONOUNCED DEAD AT (Hour)   |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703</b>                       |  |   |                                  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23b. LICENSE NUMBER<br><b>11909</b>  |  | 24a. REGISTRAR (Signature)<br><b>RHONDA PENA</b><br>SIGNATURE AUTHENTICATED   |  |   |                                  |
|  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>May 19, 2015</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |                                  |
| STATE REGISTRAR  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I   |  |   |  |   | Interval between onset and death |
|  | (a) <b>Cardiopulmonary Arrest</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  |   | Interval between onset and death |
| STATE REGISTRAR  | (b) <b>Acute Renal Failure</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   | Interval between onset and death |
|  | (c) <b>Acute Encephalopathy</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  |   | Interval between onset and death |
|  | (d) <b>Severe Sepsis</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  |   | Interval between onset and death |
|  | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.<br><b>Unknown Etiology</b>                          |  |   |  |   |                                  |
| STATE REGISTRAR  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>  |  |   |                                  |
|  | 28a. ACC., SUICIDE, HOML, UNDET. OR PENDING INVEST. (Specify)  |  | 28b. DATE OF INJURY (Mo/Day/Yr)   |  | 28c. HOUR OF INJURY   |                                  |
| STATE REGISTRAR  | 28d. DESCRIBE HOW INJURY OCCURRED  |  | 28e. INJURY AT WORK (Specify Yes or No)   |  |   |                                  |
|  | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)  |  | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE   |  |   |                                  |

STATE REGISTRAR

580382

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR  
*R. Whitt*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

